

CT Department of Mental Health and Addiction Services

YOUNG ADULT SERVICES

Young Adult Services



- A. Defining the Problem
- B. What has been done to address this problem? (here and elsewhere)
- C. How is this salient to Connecticut's needs?

A. Defining the Problem



Epidemiology (Kessler '05)

- 4 Distinct Populations Entering the Adult Mental Health System:
- 1. 'Normal' vicissitudes of adolescence
 - Impulse control disorders
 - Can be derailing or fatal, albeit transient.
- 2. The disorders of early deprivation Model: YAS
- 3. Emerging Serious Mental Illness
 - 'Chronic Diseases of the Young' Model: STEP
- 4. Disorders of the 1st phase of neurodevelopment (Autism, LD, ADHD)

 Model: ?

Special Populations Project

- (3)
- 1997: Legislature approved funding for a specialized, collaborative pilot project
- Target Populations: DCF involved youth, minimal psychiatric issues, "sexual offenders" and/or individuals diagnosed with Pervasive Developmental Disorder and high risk behaviors who required maximum levels of support and supervision

Transitioning Youth Program



- 2000: Second collaboration between DCF and DMHAS
- Youth transitioning from DCF & DMHAS with psychiatric diagnoses requiring minimal support and supervision

DCF Referrals



- FY 2010 = 373
- FY 2011 = 332
- FY 2012 = 223
- FY 2013 = 280

Who We Serve Now



- Youth who are 18 25 who have:
 - · Complex psychiatric diagnoses
 - An average of 7 10 out of home placements prior to the age of 16
 - · Developmental disorders
 - Multiple hospitalizations
 - · Sexual Behavior problems
 - Significant attachment disorders which make it extremely difficult to engage in treatment
 - May have legal involvement
 - · May have co-morbid substance abuse issues

Who we serve now (cont'd)



- Have not had the opportunity to learn any of the necessary life skills or emotion regulations skills to cope with daily challenges
- Lack education/vocational experiences
- Have not had the opportunity to experience and transition through the typical developmental tasks of young adulthood

FOCUS of YAS



- Early Intervention
- Engagement
- Transition
- Services
- Recovery

Service Components of YAS



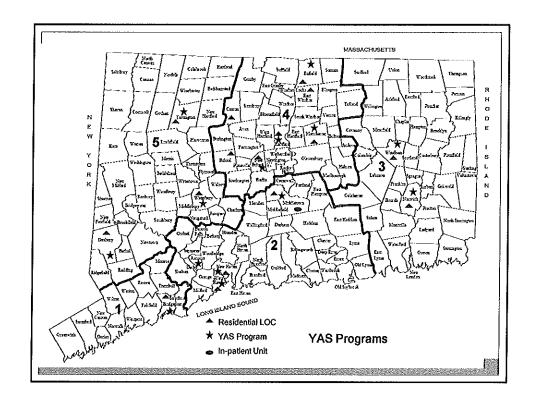
- Young Adult Services Office of the Commissioner
- Young Adult Services Local Mental Health Authorities (6 state operated and 5 DMHAS funded PNP LMHAs)
- Contracted PNP Services in CT
- · Specialized Residential Programs
- Inpatient Unit

Young Adult Services Programs offer:



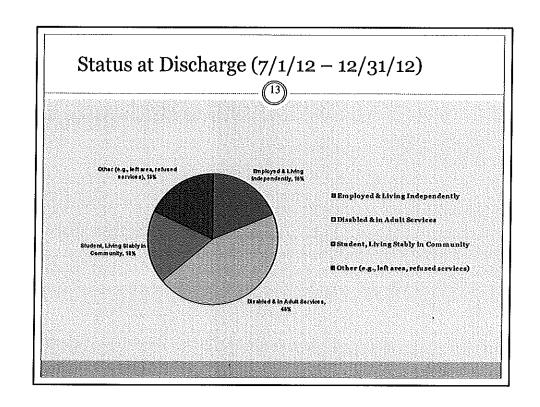
- Psychiatry
- · Individual Psychotherapy
- · Case Management Services
- · Clinical Services
- Nursing Services
- · Group Psychotherapy
- · Trauma Services
- Crisis Services

- Rehabilitation Services
- · Consultation Services
- Assessment Services
- Linkage to Vocational/Educational Services
- Residential/Housing Support
- Programming to support young parents



DMHAS Young Adults (7/1/2012 - 6/30/2013)

- (12)
- 20,197 (16.8%) of DMHAS population
- 6,158 (11.4%) of all Mental Health clients
 - [®] Of the 20,197; 1,015 are YAS (5%)



Challenges



- Adequate funding to meet the needs of this population in terms of who to treat, what we offer and for how long services will be provided
- Identification and engagement of youth who are in the community who meet eligibility for services

Challenges (cont'd)



- Integration of resources: data, programs, funding from multiple agencies
- Developing a system that will continue to support young adults after they transition to the adult services system

Collaboration DMHAS – DCF Pilot Project



Mission is to enhance the quality of life for transforming youth and their support systems. This partnership will facilitate the formation of a life plan to acquire skills tailored to individual strengths and passions. Together we will achieve a healthy community in which recovering young adults can enjoy a life worth living.

Goals:



- Develop a model of care that addresses needs and goals for youth transitioning from DCF to DMHAS
- Develop one service plan that identifies goals for a successful transition to DMHAS
- Develop a training for staff to promote partnership and mutual understanding regarding engagement, transition and treatment for young adults

DMHAS – DCF Pilot Program



Outcomes:

- Training DCF Staff and New Britain DCF providers in the Learning Inventory of Skills Training (L.I.S.T.)
- Including the L.I.S.T, in DCF referral packet
- · Administer L.I.S.T. at designated intervals.
- Focus skill development based on outcome of L.I.S.T
- Monitor progress; base treatment and level of care on results of assessment.

Questions...



STATE OF CONNECTICUT





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